

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establish	ment Nam		1. / Lie ut	Telephone Number	Date of It	nspection	PERMIT#
State Street Wicks, LLC				812-945-9425		,	
Establishment Address (number and street, city, state, zip code)				502 - 254-9113	14/4	12019	18-244
223	SHAK !	>t.	New Albert, 14 47150	302 - 23 1-7117	'' ''	- • •	1
Owner				Purpose:	Follow-u	p Releas	e Data
Michael Wickliffe				1. Routine			
Owner's Address				<b>⊣</b>			
2301	Kiver 1	51	(Suite 102) Louisville, KT 40206	2. Follow-up # Z  3. Complaint	Summary of Violations;		
Person in (		И		4. Pre-Operational	CN NC R		
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Responsibl	le Person's	E-ma	il — — — — — — — — — — — — — — — — — — —	5. Temporary	Menu Type (See back of page)		
	<u> </u>			6. HACCP	VI (VIII - LILLY O) PAGO)		
Certified F	ood Mana		atil May 1st (per routise)	7. Other (list)	12	3_X	_45
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CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"     VIOLATION(S) REPEATED PROXED PROXED TO THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
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